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TAGS: TBIO, ECON, EAID, KHIV, AMED, VM, AFLU
SUBJECT: H5N1 AVIAN FLU RESPONSE

REF: State 23762

1. Following are post's responses to questions posed in Reftel.

I. Yes, there is active animal surveillance in Vietnam.

A. Ministry of Agriculture Contact:

Dr. Bui Quang Anh
Director General
Department of Animal Health (MARD/DAH)
Ministry of Agriculture and Rural Development (MARD)
No. 15 Ngo 78, Giai Phong Street
Phuong Mai, Dong Da
Hanoi, Vietnam
Office Tel: (84-4) 868-5460 / 869-5691
Fax: (84-4) 869-1311



B. Where are Samples Tested?

Hanoi - Main Site

MARD / DAH - National Center for Veterinary Diagnosis

Dr. Phuong Song Lien, Director

(co-located with MARD/DAH in Phuong Mai, Dong Da)

Tel: (84-4) 868-5202

Fax: (84-4) 868-6813

C. Is Lab capacity sufficient?

Two CDC lab specialists are working with Dr. Lien and feel that lab staff are competent and are working towards securing needed supplies and equipment.

D. Are results being communicated?

Lab results are shared daily with national officials and the provincial officials where the samples originated and CDC advisors are documenting results as needed for the WHO team.

II. Culling has been ordered, but it is unclear if sufficient culling is being done to control the outbreak.

III. Legal Measures to Control Movement

Under Vietnam's Ordinance on Animal Health (15-Feb-1993) the MARD/DAH is granted special authority to address animal disease outbreaks. In Chapter II, Article 12, MARD/DAH is given authority to control the movement of animals and animal products within and between regions.

On 8-Jan-2004, MARD/DAH issued Guideline #29, using the authority granted under the Ordinance on Animal Health, to start addressing the avian influenza outbreak. In this Guideline (official instructions to all involved parties), MARD/DAH describes the disease and the general ways the disease might spread and ordered central and provincial veterinarians to start monitoring the poultry sector. It also bans the movement of poultry into or out of infected areas, and described measures that poultry farmers should take when they suspect there might be a problem (report the problem to local officials, isolate any infected chickens, culling and destruction methods, including burning or burying all dead chickens). Finally, the Guideline suggests additional steps provincial vet officials should take to prevent poultry to human transmission of the disease, including measures to protect their own health while inspecting farms.

Additional measures were outlined in MARD/DAH Guideline #104 issued on 31-Jan-2004. All movement of poultry was suspended (within regions of Vietnam, as well as trade to/from Vietnam and other countries), poultry culling was ordered within a 3 km radius around any infected flock, and



all poultry processing (including egg movement and sales) was prohibited.

IV. Vaccine - Vaccine has been discussed at length but is not currently being used.

V. Animal Demographics

Roughly, 60-70 percent of Vietnam's population (80 million) is associated with rural agricultural activities. The majority of Vietnamese farmers raise chickens, ducks, and pigs. Smallholder livestock operations are found all over the country, but larger more-commercial operations are concentrated in the provinces near Hanoi and Ho Chi Minh City. Smallholder farmers generally raise livestock (dairy cows, pigs and poultry) in close proximity to their own homes.

Estimated Livestock Population - 2003

Cattle 4,394,000

Water Buffalo 2,835,000

Pigs 25,461,000

Chicken 185,000,000

Ducks 69,000,000

Source: General Statistic Office and MARD

Vietnam's chicken sector includes small-farmer (back-yard) raised chicken and 'industrial' (larger commercial-sized) chicken operations. The industrial chicken flocks account for around 35% of the total chicken population. Foreign-invested companies including Japfa Comfeed (Indonesia), CP Vietnam (Thailand) and Cargill (USA) supply more than 80% of the baby industrial chicks.

Poultry is grown all over the country, but there are concentrations in the Red River Delta (RRD, in northern Vietnam) with about 26 percent of the total poultry population, the Mekong River Delta, stretching south from HCMC (with 21 percent of the poultry population), and then in various provinces in the northeast and southeast coastal areas. Hay Tay province in the RRD and Dong Nai province in the southeast have the biggest poultry stocks with more than 8 million in each province.

There are about 2,260 (small, but still commercial-oriented) poultry farms operating in Vietnam with an average of 1,000-1,400 chickens per farm. For example, there are about 797 poultry farms in Ha Tay (RRD), 281 farms in Dong Nai and 208 farms in Binh Duong (southeast region). Many of the larger poultry farms are operating under various financial and processing arrangements with foreign invested companies including CP-Vietnam (Thailand) and Japfa Comfeed (Indonesia).

V. Surveillance for influenza-like illness in humans.



Active surveillance is in place and routinely conducted at hospitals in urban settings including Hanoi and HCMC (described in more depth below). There is concern that in more rural or remote provinces surveillance may not be done as routinely or effectively as is observed in more urban settings. The extensive, ongoing local media coverage about the problem will likely aid surveillance greatly in rural areas where medical or public health staffing may be more limited.

A. Have health care providers been alerted?

Due to extensive media attention nation-wide, hospitals and physicians are very aware of the AI problem. Many patients customarily seek initial care at large hospitals in cities or provinces. In Hanoi and HCMC the WHO investigative teams have worked closely with staff at these locations, checking new admissions daily for patients with symptoms or conditions suggestive of influenza. Specimens are routinely collected following admission by hospital staff and sent for laboratory testing. Charts are reviewed and more extensive patient histories, including poultry exposure, are taken by WHO teams within a day or two of admission.

B. Are hospital infection control practices in place?

Yes. Standard, accepted procedures are in place for the isolation of suspect cases in large hospitals. It is not clear that such procedures are fully employed at smaller facilities in the countryside.

C. Are samples taken from suspect human cases? Contact with birds tracked?

Specimens are regularly taken at the time of admission and sent to the National Institute of Hygiene and Epidemiology laboratory. Histories are taken by WHO teams using a standardized form that is focused on poultry exposure and related activities; the information is later transferred to a master database.

D. Estimated number of human cases:

Suspect cases are usually listed initially as "possible" (based on initial positive rapid test for influenza A without type specific test results) or "pending" (based on suspicious clinical symptoms) and as more information and test results become available are moved into the confirmed category or eliminated altogether. Currently, there are 13 confirmed cases; approximately 60 possible or pending cases; several per day might be dropped from the AI-related suspect list.

E. Laboratory surveillance done?



Laboratory surveillance has not been conducted to date, but it has been discussed for selected cities with capable hospital facilities and in conjunction with large poultry populations.

F. Laboratory capacity sufficient?

CDC laboratory experts have been working with laboratory staff in Hanoi and in HCMC to provide training in proper procedures and techniques, and to assure that required equipment is in place and operational. CDC staff in-country believe that these goals have been achieved and that the local staffs nationals are competent and capable of meeting laboratory demands. The labs are, however, in need of certain supplies and equipment that has been inventoried and listed in detail. Initial arrangements have been made to locate and procure these goods to be shipped in the near future.

F. Results communicated to national offices/ministries?

CDC staff members have worked hand-in-hand with laboratories for the past 3-4 weeks and believe that adequate systems are in place to report specimen results to those with a need to know. Although there may have been some delays in announcing official numbers of confirmed cases publicly, there are no indications that results or reports have been unduly delayed intentionally.

I. Communications policies and practices from government officials, public and international community? Lead agency?

The WHO, with support from the FAO, has taken a strong lead in Vietnam in organizing a response to the AI outbreak and in maintaining relations with the government on management and reporting of the outbreak. They have met regularly and openly with GVN officials, foreign embassies in Hanoi and consulates in HCMC, and with both local and international media representatives. Articles are regularly featured on the front page of the Viet Nam News, the leading English language newspaper. WHO officials have been interviewed and are seen regularly on local television, as well as CNN. The WHO Working Group is in the process of developing an informational video to be widely distributed, a brief informational pamphlet for the general public, and a newsletter targeting veterinarians and commune leaders. Reports of increasing government interest and involvement are noted daily.

VIII. (NO #8)

IX. Experts needed?

CDC has played a major role in providing epidemiology and laboratory expertise to the WHO Working Group. Several of



the advisors are still in country and are intimately involved with the ongoing response to the outbreak. Both the Ministries of Health and Ministries of Agriculture have been approached and asked about additional experts and have indicated their thanks but that additional experts are not currently required. The WHO office in Hanoi has coordinated personnel requirements and replacements and appears to have adequate staffing at this time. A negative response was given to a similar query on staffing in a WHO recent meeting. They have, however, made numerous requests for donations of funds, not equipment, in open meetings in the past two weeks.

GVN Response: The GVN was slow at the beginning to realize the serious nature of the outbreak and the potential transmission to humans. There are also some weaknesses in follow through at the local level. On the other hand, the GVN did notify the OIE in early January that they had Avian Influenza and was the first country to do so. Ministries have worked well together and have cooperated well with international organizations and advisors from various countries. They have acted on the advice received.

Assistance Requests: The GVN requested lab specialists, and CDC has supplied two for two weeks to understand the techniques required to test for the H5 virus. The GVN also requested PPE, and OFDA/USAID this week provided 300 sets to the GVN. In addition OFDA/USAID provided \$250,000 as a regional donation to WHO regional office in Manila to address Avian influenza throughout Southeast Asia. The top priorities continue to be protective clothing (PPE) and the eventual restocking of Vietnam's poultry farms. In a briefing for Ambassadors in Hanoi on February 5, a GVN spokesperson highlighted the need for diagnostic equipment for the Department of Animal Health, experts to train Vietnamese veterinarians, PPE, and medication for human cases. As for future needs, he mentioned help to restore the poultry flocks, and particularly noted that the GVN will seek international cooperation to improve the agricultural sector and change current practices into more sustainable ones. About ten days ago, Resident WHO Representative Pascale Brudon circulated a letter to donors listing over 20 items. (Post will fax the list to DOS/EAP/BCLTV.)

Warden Messages: Yes, both the Embassy in Hanoi and ConGen in HCMC are issuing warden messages. End response.

BURGHARDT

